



TRANSMITTAL FORM

Application Serial Number 09/961,026
Filing Date September 20, 2001
First Named Inventor Barry McQuain
Group Art Unit 3628
Examiner Name Sara M. Chandler
Attorney Docket No. 74577.020
Patent No. Not applicable
Issue Date Not applicable

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input checked="" type="checkbox"/> Copy of Fee Transmittal Form

<input checked="" type="checkbox"/> Amendment/Response (13 pages)
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings

<input type="checkbox"/> Petition for Extension of Time

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate)

<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input checked="" type="checkbox"/> Return Receipt Postcard

<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8

<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
Copy of Executed Declaration received at the U.S. Patent Office on 2/13/02 (2 pages) |
|---|---|---|

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 16th day of August, 2006.

Kim LaRocca
Kim LaRocca

CORRESPONDENCE ADDRESS

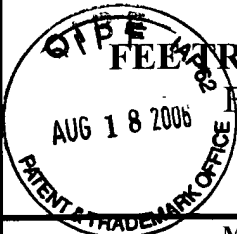
Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

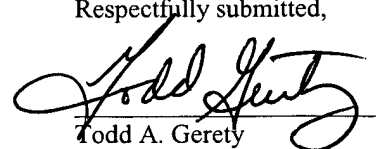
SIGNATURE BLOCK

Date: August 16, 2006
Reg. No.: 51,729
Tel. No.: (617) 526-9655
Fax No.: (617) 526-9899

Respectfully submitted,

Todd A. Gerety
Todd A. Gerety
Attorney for the Applicant(s)
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600

 PTO FEE TRANSMITTAL AUG 18 2006 FY 2006					<i>Complete if Known</i>	
					Application Serial No.	09/961,026
					Docket No.	74577.020
					Filing Date	September 20, 2001
					First Named Inventor	Barry McQuain
					Group No.	3628
Examiner Name	Sara M. Chandler					
Confirmation No.	4659					

METHOD OF PAYMENT					FEE CALCULATION (continued)																																	
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					4. ADDITIONAL FEES																																	
					Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																														
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081. <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.					130	65	Surcharge - late filing fee or oath																															
					50	25	Surcharge - late provisional filing fee or cover sheet																															
					130	130	Non-English specification																															
					2,520	2,520	Request for ex parte re-examination																															
					120	60	Extension for reply within 1 st mo.																															
<input type="checkbox"/> Applicant claims small entity status.					450	225	Extension for reply within 2 nd mo.																															
					1,020	510	Extension for reply within 3 rd mo.																															
FEE CALCULATION					1,590	795	Extension for reply within 4 th mo.																															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Application Type</th> <th>Filing</th> <th>Search</th> <th>Examination</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>500</td> <td>200</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>130</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>300</td> <td>160</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>500</td> <td>600</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>					Application Type	Filing	Search	Examination	Fee Paid	Utility	300	500	200		Design	200	100	130		Plant	200	300	160		Reissue	300	500	600		Provisional	200	0	0		2,160	1,080	Extension for reply within 5 th mo.	
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Small Entity Discount 1. TOTAL					500	250	Notice of Appeal																															
					500	250	Filing a brief in support of an appeal																															
2. EXCESS CLAIM FEES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.</td> <td>200</td> <td>100</td> </tr> <tr> <td>Total Claims</td> <td></td> <td>Fee Paid (\$)</td> </tr> </tbody> </table>						Fee	Small Entity Fee (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100	Total Claims		Fee Paid (\$)	1,000	500	Request for oral hearing																			
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Total Claims		Fee Paid (\$)																																				
38 - 20 or HP= 4 x \$50.00 = \$200.00 HP = highest number of total claims paid for, if greater than 20					400	0	Petitions to the Director																															
					180	180	Submission of IDS																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>8 - 3 or HP= 5 x \$200.00 = \$1000.00</td> <td></td> <td></td> </tr> </tbody> </table>					Indep. Claims	Extra Claims	Fee Paid (\$)	8 - 3 or HP= 5 x \$200.00 = \$1000.00			790	395	Filing a submission after final rejection (37 CFR 1.129(a))																									
					Indep. Claims	Extra Claims	Fee Paid (\$)																															
8 - 3 or HP= 5 x \$200.00 = \$1000.00																																						
HP = highest number of total claims paid for, if greater than 3					790	395	For each additional invention to be examined (37 CFR 1.129(b))																															
					100	100	Certificate of Correction for applicant's error																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Multiple Dependent Claims</th> <th>Fee(\$)</th> <th>Small Entity fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>360</td> <td>180</td> <td></td> <td></td> </tr> </tbody> </table>					Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)	360	180			130	65	Submission of Terminal Disclaimer																							
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360	180																																					
2. TOTAL: \$1200.00					4. TOTAL: \$0.00																																	
					TOTAL AMOUNT SUBMITTED \$1200.00																																	
3. APPLICATION SIZE FEE If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					SIGNATURE BLOCK																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-100= 0 /50=</td> <td></td> <td>round up to a whole number</td> <td>x</td> <td>= 0.00</td> </tr> </tbody> </table>					Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid	-100= 0 /50=		round up to a whole number	x	= 0.00	Date: August 16, 2006 Reg. No.: 51,729 Tel. No.: (617) 526-9655 Fax No.: (617) 526-9899																							
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-100= 0 /50=		round up to a whole number	x	= 0.00																																		
3. TOTAL: 0.00																																						
CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899					Respectfully submitted,  Todd A. Gerety Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600																																	